

MEMORANDUM OF AGREEMENT
BETWEEN
CONNECTICUT DEPARTMENT OF EMERGENCY MANAGEMENT
AND HOMELAND SECURITY
AND
THE SALVATION ARMY
TO PROVIDE MASS CARE SERVICES
May 2008 Version

PURPOSE AND BACKGROUND

This Memorandum of Agreement ("MOA") is made and entered into by and between the Connecticut Department of Emergency Management and Homeland Security ("DEMHS") and The Salvation Army of Connecticut ("SA") for the purpose of providing disaster relief, including mobile feeding. The SA is identified in the State of Connecticut's Catastrophic Disaster Plan, version drafted April 2006, as a private relief organization that may be called upon to provide or augment mass care operations. The SA's response to those affected by disasters or emergencies is not dependent upon a Presidential or other federal disaster or emergency declaration.

DEMHS, recognizing its mission to direct and coordinate all available resources to protect the life and property of the citizens of Connecticut in the event of a disaster or crisis, through, among other things, a collaborative program of planning, preparedness, response, and recovery, enters into this agreement with the SA to enable the State of Connecticut to more effectively manage and provide mass care operations, in the event of a major disaster. This MOA establishes a beneficial partnership between the parties. The SA has a regional network of community-based volunteers that, in time of need, are willing to provide the necessary services described herein, and to provide such assistance in a non-sectarian manner.

AUTHORITY

This MOA is made under the authority of Connecticut General Statutes Title 28, including §28-1a(b), which enables the Commissioner of DEMHS to enter into agreements for the furnishing of services by any person or agency necessary for the proper execution of the duties of DEMHS. The SA's legal authority to provide disaster services is reaffirmed in Section 5152 of the Stafford Act. The MOA is authorized by Major William Bamford, Divisional Commander, The Salvation Army, Southern New England Division, and Major Thomas V. Mack, Legal Secretary, The Salvation Army, Eastern Territory Headquarters, under the authority provided by the attached resolutions of that organization.

WHEREAS, DEMHS has statutory responsibility under Connecticut General Statutes Title 28 to provide a coordinated, integrated program for state-wide emergency management and homeland security, and;

WHEREAS, DEMHS has recognized SA as a support agency in the event of a catastrophic disaster, with the capability to provide mass care services; and,

WHEREAS, the SA has a regional network of community-based volunteers that, in time of need, are willing to provide the necessary services described herein;

NOW, THEREFORE, the parties agree as follows:

1. COORDINATION OVERVIEW

In accordance with the General Concept of Operations for Mass Care in a Catastrophic Disaster, ESF#6, section E, State of Connecticut Catastrophic Disaster Plan, version drafted April 2006, SA and DEMHS will coordinate with the American Red Cross, the state Department of Correction, and/or any other necessary parties, to ensure efficient and effective mass care services as required.

2. DUTIES AND RESPONSIBILITIES

- A. SA agrees to provide mass care services before, during and/or after a disaster or emergency as needed. In order to accomplish this, and in coordination with DEMHS, SA will :
- i. Identify and provide leadership and training for community-based volunteers to assist in the provision of mass care services during a crisis or emergency;
 - ii. Participate in pre-incident planning with other private and/or public agencies regarding the provision of mass care services during a crisis or emergency;
 - iii. Provide, as requested by DEMHS, Salvation Army buildings and other identified sites to use for the preparation and service of meals to victims and relief personnel;
 - iv. Provide, as requested by DEMHS, the use of one or more of SA's strategically positioned Mobile Feeding Units (canteens), to provide on-site meal preparation and delivery;
 - v. Provide, as requested by DEMHS, the use of the Eastern Territory's Mobile Field Kitchen to provide a large capacity kitchen or the equivalent.
 - vi. Provide, if applicable, personnel expenses (i.e., salary, benefits including insurance, travel, lodging and any other compensation) for SA staff or the volunteers SA engages in this operation;
 - vii. Carry and maintain at all times during the term of this MOA, and during the time that any provisions survive the term of the MOA, sufficient commercial general liability insurance to satisfy its obligations under this MOA, in order to hold the State of Connecticut harmless from any claims, suits or

demands that may be asserted against it by reason of any act or omission of SA, its subcontractors, employees or other agents in providing services under this agreement. SA shall name the State as an additional insured on the policy and shall provide a certificate of insurance or a copy of the policy to DEMHS prior to any performance of the MOA;

- viii. Prepare daily narrative situation and statistical reports and provide to DEMHS (See attached SA Disaster Operations Statistical Report);
- ix. Review daily reports with designated DEMHS representatives to resolve any problems or issues;
- x. Maintain records, documents and other evidence as determined by DEMHS and the SA to sufficiently and properly reflect the services described in this MOA;
- xi. Provide a closeout report to DEMHS, which may be in the form of a final Disaster Operations Statistical Report.
- xii. Provide, as requested by DEMHS, clean up kits to aid in the clean up and restoration of property;
- xiii. Provide Emotional Care Teams to include but not limited to: Grief Counseling and Critical Incident Stress Management (CISM).

B. DEMHS agrees to:

- i. Notify the SA upon the threat of a disaster or emergency, or upon the occurrence of a disaster or emergency, of the determination by DEMHS of a need for mass care operations, and coordinate with SA to manage mass care activities. The notification will include the name of the DEMHS point of contact, telephone number and other contact information and state location (if known at that time);
- ii. Coordinate with SA and other private and public agencies to provide mass care services as necessary;
- iii. Review daily reports to monitor process and to coordinate with SA to resolve problems and issues as they arise;
- iv. Respect SA chain of command and work directly through those established protocols to effect a coordinated response to the disaster;
- v. Recognize that SA will retain its identity at all times.

3. EFFECTIVE DATE

This MOA shall become effective upon execution by both parties and shall remain in effect until terminated in writing, except that the MOA will be reviewed by the parties annually before June 1st of each year. Written notice of the termination, specifying the effective date thereof, must be provided at least 30 days prior to that

date, except that, in the event that either party anticipates that it will not be able to fulfill its obligations under this MOA, it will inform the other party in writing of this fact immediately.

4. APPLICABLE LAWS

This agreement shall be construed and enforced in accordance with, and the validity and performance hereof shall be governed by, the laws of Connecticut. In the event of a lawsuit involving this MOA, proper venue shall be limited to the Hartford Judicial District of the Connecticut Superior Court. The parties, by execution of this MOA, acknowledge the jurisdiction of Connecticut state courts in this matter.

5. AGENCY AND LEGAL RELATIONS

The employees or agents of each party who are engaged in the performance of this MOA shall continue to be employees or agents of that party, and shall not be considered for any purpose to be employees or agents of the other party. SA shall be responsible for injury to persons or damage to property resulting from the actions of itself, its employees, agents, officers or subcontractors. The State of Connecticut does not assume any responsibility to SA for the consequences of any act or omission of any third party.

6. DISPUTES

In the event a dispute arises under this MOA, it shall be resolved by the State Director of Emergency Management and the Divisional Commander of SA or his designated representative. Unresolved disputes will be presented to the Connecticut State Coordinating Officer or the Commissioner of DEMHS for final resolution.

7. ACTIVATION

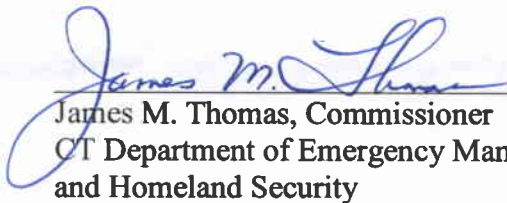
This agreement will be activated upon the request of DEMHS, with the concurrence of SA. The primary contact person for SA in Connecticut is:

Captain Terry Wood
The Salvation Army
Southern New England Divisional Headquarters
855 Asylum Avenue
Post Office Box 628
Hartford, CT 06142-0628
Telephone: (860) 543-8408, Ext. 115
Cell phone: (860) 306-2183
Fax Number: (860) 543-8412

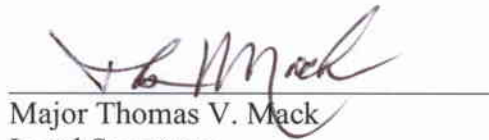
8. ENTIRE UNDERSTANDING

This agreement contains the entire understanding of the parties with respect to the subject of this MOA. No other understandings, oral or otherwise, shall be deemed to exist. Any changes to this MOA that are mutually agreed-upon by the parties shall be incorporated into the MOA by written amendment. This MOA is not a fiscal or funds obligation document.

In Witness Whereof, the parties have caused this Memorandum of Agreement to be executed by and between them.


James M. Thomas, Commissioner
CT Department of Emergency Management
and Homeland Security

May 1, 2008
Date


Major Thomas V. Mack
Legal Secretary
The Salvation Army,
Eastern Territory Headquarters

MAY 8 2008
Date



Disaster Operations Statistical

DISASTER:		COUNTY:	
UNIT:		COMMUNITY:	
PERIOD:	<input type="checkbox"/> Single Day _____ <input type="checkbox"/> Cumulative _____ thru _____		

LOCATION DETAILS (building, address, route):		
GPS Coordinates	LAT	LNG

CONTACT NUMBERS (phone, fax, e-mail):

FACILITY TYPE:	Feeding Operations	<input type="checkbox"/> Command Post	<input type="checkbox"/> Assistance Center	<input type="checkbox"/> Staging Area	<input type="checkbox"/> Shelter
	<input type="checkbox"/> Mobile <input type="checkbox"/> Fixed	<input type="checkbox"/> Phone Bank	<input type="checkbox"/> Distribution Center	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other _____

DISASTER FOOD SERVICES:	
Prepared Meals (hot and cold)	5206
Drinks (coffee, soda, juice, water)	
Snacks (donuts, cakes, chips)	5202

MASS SHELTERING:	
Lodging Provided	5221
MEDICAL / SANITATION:	
Medical Services Provided	
Showers Provided	

EMERGENCY FINANCIAL AID:		
Client Interviews		6310
Referrals to Other Agencies		6410
Total Cases Opened		
Total Individuals Assisted		5125
FINANCIAL ASSISTANCE:		
Vouchers	# Issued	Total Cost
Cleanup / Reconstruction		
Clothing	5231	
Energy	5238	
Furniture	5233	
Gift Cards / Debit Cards	5245	
Groceries	5207	
Housing (Rent / Mortgage)	5223	
Medical / Funeral	5234	
Transient Lodging (Hotel)	5222	
Transportation	5241	
Other (specify) _____		
TOTALS:		

IN-KIND DISTRIBUTION:	
Blankets (per item)	
Bibles, Brochures, Tracts (per item)	NOT APPLICABLE ^e
Cleanup Kits (per kit)	5236
Cleaning / Rebuild (per order)	
Comfort Kits (per kit)	5236
Clothing (per item)	5230
Furniture (per item)	5232
Groceries / Food Boxes (per order)	5207
Ice (per bag)	
Infant Supplies (per order)	
Tarps / Plastic Sheeting (per item)	
Toys (per order)	5250
Water (per gallon or case)	
Other (specify) _____	
NOTES:	



Disaster Operations Statistical

EMOTIONAL & SPIRITUAL CARE:		
Spiritual Care Provided (Prayer)	N/A	
	NOT APPLICABLE6310	
Adult Seekers N/A	NOT APPLICABLE2405	
Youth Seekers (Under Age 14)	N/A	
	NOT APPLICABLE2415	
Mental Health Care Provided (CISM)	6310	
	#	ATTENDANCE
Worship Services—Not applicable	N/A2360	N/A2360
Memorial Services –Not applicable	N/A2350	N/A2350

FINANCE & ADMINISTRATION:		
Personnel	Number on Site	Hours Served
Officers	4350	4350
Employees	4360	4360
Volunteers	4130	4130
Totals		

SUBMITTED BY:		
NAME	TITLE	DATE SUBMITTED
DEFINITIONS:		
<p>General Information Disaster: Indicate the name of the disaster event (i.e. Hurricane Gloria; or May 4 Gainesville tornado). Unit: Indicate The Salvation Army unit reporting (i.e. FL DHQ; Pensacola Corps; or Jackson, MS, canteen). County: Indicate the county (or parish) where service occurred (i.e. Ocean County). Community: If applicable, indicate the city, town, community, or neighborhood where service occurred (i.e. Marietta, GA, or Lake Park sub-division). Period: Indicate if the report records service activity for a single day (and add the appropriate date) or is a cumulative report recording several days' activity. If the report is cumulative, record the date the report starts and the date the report concludes. Facility Type: Check the box that corresponds with the type of disaster facility filing the report. Location Details: Describe the location where the service activity took place using a street address or other descriptors. If necessary, record GPS latitude and longitude coordinates. Contact Numbers: Indicate phone, fax, e-mail address or other contact numbers for the persons filing the report.</p> <p>Disaster Food Services Note not all food products are recorded in this section. Bulk goods, such as groceries, ice, or cases of water, are recorded under the In-Kind Distribution section. Prepared Meals (hot and cold): Record all meals served. Note that meals are counted and not persons. Drinks (coffee, soda, juice, water): Record all drinks served. One cup (or bottle) equals one drink. Snacks (donuts, cakes, chips): Record all snacks (non-meals) served.</p> <p>Mass Sheltering Note transient accommodations (i.e. hotel rooms) are recorded in the Disaster Social Services section. Lodging Provided: Record lodgings provided. One "lodging" equals one person housed for one night.</p> <p>Medical / Sanitation Medical Services Provided: Record the number persons given direct medical assistance through clinics by The Salvation Army. Showers Provided: Record the number of showers given through Salvation Army facilities or equipment.</p> <p>Disaster Social Services Client Interviews: Record all interviews with individuals. If an individual is interviewed multiple times, count each interview. Referrals to Other Agencies: Record the total number of referrals to other community organizations. Total Cases Opened: Record the total number of unduplicated cases for the disaster operation.</p> <p>Total Individuals Assisted: Record the total number of unduplicated persons served through the disaster social services program. Financial Assistance (Vouchers): Record all vouchers issued, recording the number of vouchers issued and the cumulative amount. Categories include <i>cleanup / reconstruction; clothing; energy; furniture; gift cards & debit cards; groceries; housing (rent / mortgage); medical / funeral; transient lodging (hotel); transportation; and other (specify).</i> In-Kind Distribution: Record all delivery of in-kind goods to disaster victims, counting items, orders, or kits as indicated. Categories include <i>blankets; Bibles, brochures, tracts; cleanup kits; cleaning / rebuild supplies; comfort kits; clothing; furniture; groceries / food boxes; ice; infant supplies; tarps / plastic sheeting; toys; water; and other.</i></p> <p>Finance & Administration Officers: Record the number of unduplicated Salvation Army officers assigned to the disaster relief operation and hours served. Employees: Record the number of unduplicated Salvation Army employees assigned to the disaster relief operation and hours served. Volunteers: Record the number of unduplicated volunteers assigned to the disaster relief operation and hours served.</p> <p>Submitted By In this section, the person reporting the statistical data should sign their name, indicate their title, and date the report.</p>		
FOR COMMAND USE ONLY:		
Current	Operational Assets	Unduplicated Totals
	Mobile Canteens	4325
	Other S.A. Vehicles	4320
	Assistance Centers	
	Command Posts	
	Distribution Centers	
	Feeding Facilities	
	Phone Banks	
	Shelters	
	Staging Areas	
	Warehouses	
	Other S.A. Facilities	
	Govn't EOCs*	4330
	Govn't DRCs*	4340
* where The Salvation Army has representation		
Notes:		